



CD-04 – COMPLIANCE SCHEDULE AND CERTIFICATION

State Form 51864 (8-04)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

IDEM - Office of Air Quality - Permits Branch
100 N. Senate Avenue, P.O. Box 6015
Indianapolis, IN 46206-6015
Telephone: (317) 233-0178 or
Toll Free: 1-800-451-6027 x30178 (within Indiana)
Facsimile Number: (317) 232-6749
[Http://www.IN.gov/idem/air/permits/index.html](http://www.IN.gov/idem/air/permits/index.html)

NOTES:

- The purpose of CD-04 is to provide a schedule of for compliance certification submittals, a certification of the source's compliance status with all applicable requirements, and a compliance schedule that details the measures a source will use to address non-compliance.
- This form is completed once per application (not once for each emissions unit) with respect to all applicable requirements at the source.
- This is required form for each initial Title V permit application as well as each modification and every renewal.
- Detailed **instructions** for this form are available online at <http://www.IN.gov/idem/air/permits/apps/instructions/cd04instructions.html>.
- All information submitted to IDEM will be made available to the public unless it is submitted under a claim of confidentiality. Claims of confidentiality must be made at the time the information is submitted to IDEM, and must follow the requirements set out in 326 IAC 17.1-4-1. Failure to follow these requirements exactly will result in your information becoming a public record, available for any one to inspect and photocopy.

FOR OFFICE USE ONLY

PERMIT NUMBER:

_____ - _____ - _____

PART A: Source Identification and Compliance Schedule

Part A is intended to identify the permitted source and to identify the permit term compliance certification schedule.

1. Source Name: BP Products North America Inc., Whiting Business Unit	2. Source ID: 089-00453
3. Permit Term Compliance Certification Schedule: July 1st after startup of operation	
Date of first certification submittal: July 1st after startup of operation	Frequency of future submittals: Annually

PART B: Risk Management Plan

Part B is intended to indicate whether sources subject to section 112(r), Accidental Release Prevention, are complying with the requirement to submit a Risk Management Plan (RMP).

4. **Statement of Applicability / Non-Applicability:** Indicate whether the source is subject to Section 112(r) and the requirement to submit and RMP.

☒ Source is subject to Section 112(r) and a Risk Management Plan (RMP) is required.

☐ Source is not subject to Section 112(r) and a Risk Management Plan (RMP) is not required.

RMP Submittal Information: Indicate when the RMP was submitted to each of the following agencies. If the RMP has not yet been submitted to any of the listed agencies, indicate the date when the RMP will be mailed to that agency. If the RMP for IDEM is attached to this application, please write "attached" in the Date Submitted column.

5. Agency Name	6. Date Submitted	7. Expected Submittal Date
Chemical Safety and Hazard Investigation Board (CSHIB)		
United States Environmental Protection Agency (U.S. EPA)	5/3/2006	
Indiana Department of Environmental Management (IDEM)		
Local Agency responsible for permitting: Lake County LEPC		

8. EPA Facility Identifier: 1 0 0 0 - 0 0 1 0 - 1 1 0 5

Continued on next page

Part C is intended to state whether the source is or is not in full compliance with all applicable requirements and to identify corrective actions to be taken in cases of noncompliance.

	The source described in this air pollution control permit application is fully in compliance with all applicable requirements and will continue to comply with those requirements.
<input checked="" type="checkbox"/>	FORM CD-01 includes new requirements that apply or will apply to the emissions unit during the term of the permit. The source will meet such requirements on a timely basis.
	The source described in this air pollution control permit application is fully in compliance with all applicable requirements, except for the emissions unit(s) listed below. Compliance will be achieved according to the schedule identified below.

[illegible]

☐ I certify that, based on information and belief formed after reasonable inquiry, the statements and information presented are true, accurate and complete.

Name (typed) _____
Signature _____

10-31-07

Date